

Certificate of Compensation Payment/Tax Withheld

BIR Form No.
2316
July 2008 (REV.)

of Compensation Payment With or Without Tax Withheld
In all applicable spaces, Mark all appropriate boxes with an "X"

For the Year (YYYY) **2018**

Part I Employee Information

1. Employer Identification No. **265 607 224 0000**

2. Employee's Name (Last Name, First Name, Middle Name) **MASINAS, MITCHELL MANAGAY**

3. Registered Address **081**

4. Local Home Address **081**

5. Home Address **081**

6. Date of Birth (MM/DD/YYYY) **081**

7. Telephone Number **081**

8. Exemptive Status: Single Married

9A. Is the wife claimed for additional exemption for qualified dependent children? Yes No

9B. Name of Qualified Dependent Children: **081**

10. Date of Birth (MM/DD/YYYY) **081**

11. Statutory Minimum Wage (per day) **081**

12. Statutory Minimum Wage (per month) **081**

13. Minimum Wage: Career whose compensation is exempt from withholding for extended period of months

Part IV-B Details of Compensation Income and Tax Withheld from Present Employer

31. Holiday Pay (MND) **081**

32. Overtime Pay (MND) **081**

33. Night Shift Differential (MND) **081**

34. Hazard Pay (MND) **081**

35. 13th Month Pay and Other Benefits **19,121.63**

36. De Minimis Benefits **7,398.45**

37. SSS, GSIS, PHE, & Pag-IBIG Contributions & Union Dues (Employee share only) **2,295.70**

38. Salary & Other Forms of Compensation **10,401.30**

39. Total Non-Taxable Exempt Compensation Income **39,217.08**

Part II Employer Information (Present)

14. Employer Identification No. **210 637 387 0000**

15. Employer's Name **LEXMARK RESEARCH AND DEVELOPMENT CORPORATION**

16. Registered Address **LEXMARK PLAZA, SAMAR LOOP PANAY RD, 6000**

17. Employer: Employer

TAXABLE COMPENSATION INCOME - REGULAR

40. Basic Salary **62,278.34**

41. Representations **081**

42. Transportation **081**

43. Cost of Living Allowance **081**

44. Food Housing Allowance **081**

45. Others (Specify) **5,317.56**

Part III Employer Information (Previous)

18. Employer Identification No. **081**

19. Employer's Name **081**

20. Registered Address **081**

SUPPLEMENTARY

46. Commissions **081**

47. Profit Sharing **081**

48. Free Inclusion Director's Fees **081**

49. Taxable 13th Month Pay and Other Benefits **0.00**

50. Hazard Pay **081**

51. Overtime Pay **081**

52. Others (Specify) **081**

53. Total Taxable Compensation Income **67,595.90**

Part IV-A Summary

21. Gross Compensation Exempt from Withholding (MND) (MND) (MND)	106,812.98
22. Total Taxable Compensation Income (MND)	39,217.08
23. Taxable Compensation Income from Present Employer (MND)	67,595.90
24. Total Taxable Compensation Income from All Employers (MND)	67,595.90
25. Gross Taxable Compensation Income	67,595.90
26. Taxes Total Exemptions	0.00
27. Total Exemptions (MND)	0.00
28. Net Taxable Compensation Income	67,595.90
29. Tax Due	0.00
30. Amount of Taxes Withheld (MND)	0.00
31. Total Taxable Compensation Income	0.00

We declare, under the penalties of perjury, that this certificate has been made in good faith, verified by us, and to the best of our knowledge and belief, is true and correct pursuant to the provisions of the National Internal Revenue Code, as amended, and the regulations issued under authority thereof.

58. **MARYYOLI M. ARMADA**
Present Employer/ Authorized Agent Signature Over Printed Name
CONFIRMED

57. **MITCHELL MANAGAY MASINAS**
Employee Signature Over Printed Name
CTC No. _____ Place of Issue _____

Date Signed _____ Date Signed _____
Date of Issue _____ Amount Paid _____

To be accomplished under substituted filing

I declare, under the penalties of perjury, that the information herein stated are reported under BIR Form No. 1604CF which has been filed with the Bureau of Internal Revenue.

58. **MARYYOLI M. ARMADA**
Present Employer/ Authorized Agent Signature Over Printed Name
(Head of Accounting/ Human Resource or Authorized Representative)

I declare, under the penalties of perjury that I am qualified under substituted filing of Income Tax Returns (BIR Form No. 1700), since I received purely compensation income from only one employer in the Phils. for the calendar year; that taxes have been correctly withheld by my employer (tax due equals tax withheld); that the BIR Form No. 1604CF filed by my employer to the BIR shall constitute as my income tax return; and that BIR Form No. 2316 shall serve the same purpose as if BIR Form No. 1700 had been filed pursuant to the provisions of BIR Form No. 3-2002, as amended.

59. **MITCHELL MANAGAY MASINAS**
Employee Signature Over Printed Name